

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-038660

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5296

FILED NOV 1 1962

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Kansas City

Length of stay in 1b  
10 days

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Trinity Lutheran

Inside Limits  
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Lafayette

c. CITY OR TOWN Odessa

Inside Limits  
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)  
507 South Russell

Reside on Farm  
Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)

First Middle Last  
Donald L. Davis

4. DATE OF DEATH  
Month Day Year  
October 18, 1962

5. SEX

male

6. COLOR OR RACE

white

7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
12-29-33

9. AGE (last birthday)  
28

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
sign pa inter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
Odessa, Missouri

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME

Lorne H. Davis

13b. MOTHER'S MAIDEN NAME

Ina R. Mathers

14. NAME OF HUSBAND OR WIFE

--

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
no

17. INFORMANT

Address

Mrs. Ina Redman Odessa, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a); (b); and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

staphylococcus septicemia

INTERVAL BETWEEN ONSET AND DEATH  
10 days

DUE TO (b)

chronic pyelonephritis with uremia

2 yrs.

DUE TO (c)

aucte pyogenic abscess left mandible

10 dys.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

diabetes mellitus, staph. osteomyelitis L. knee

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐

SUICIDE ☐

HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from July 1962 to Oct. 18, 62 and last saw her alive on Oct. 17, 1962  
Death occurred at 3:10A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

1103 Grand Ave.

22c. DATE SIGNED

Oct. 18, 62

23a. BURIAL, CREMATION, REMOVAL (Specify)  
removal

23b. DATE

10-18-62

23c. NAME OF CEMETERY OR CREMATORY

Odessa Cem.

23d. LOCATION (City, town, or county)

Odessa, Mo.

(State)

24. FUNERAL DIRECTOR

Husman Sparks

ADDRESS

Odessa, Mo.

25. DATE RECD. BY LOCAL REG.

10-18-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

JAMES W. FOWLER MEDICAL CERTIFICATION

DOCUMENT

VS 300  
Rev. 4/59  
1  
2 540  
3  
4 0  
5 50  
6  
7 0  
8 2  
9 6000C  
10  
11  
12 68-0  
13

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

10

11

12

13

AMENDMENTS ON THIS RECORD A

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

James W. Fowler

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

STAPHYLOCOCCUS SEPTICEMIA

INTERVAL BETWEEN  
ONSET AND DEATH

10 DAYS

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

CHRONIC PYELONEPHRITIS WITH UREMIA

2 YRS

DUE TO (c)

ACUTE PYOGENIC ABSCESS LEFT MANDIBLE

10 DAYS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

DIABETES MELLITUS, STAPH. OSTEOMYELITIS L. KNEE

PART III. If deceased was female was  
there a pregnancy in last 90 days.

☐ Yes

☐ No

☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

JULY 1962

to OCT. 18, 1962

and last saw him alive on OCT 17, 1962

Death occurred at

3:10 A

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

James W. Fowler, M.D.

22b. ADDRESS

1103 GRAND AVE

22c. DATE SIGNED

OCT 18, 1962

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

23b. DATE

23c.

Removal

Odessa Cemetery

23d. LOCATION (City, town, or county)

Odessa, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Husman-Sparks Odessa, Mo.

25. DATE RECD BY LOCAL REG.

10-18-62

26. REGISTRAR'S SIGNATURE

Ruth Long

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed William T. Sparks

Licensed Embalmer No. 4431

P. O. Address Ocala, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.